

## SUPPLEMENTAL DRIVER'S LICENSING HISTORY SHEET

**Purpose:** Commercial Driver's License (CDL) applicants transferring from another state must use this form to record all driver's licenses issued to them during the past ten years.

**Instructions:** Submit this form with your Driver's License and Special Identification Card Application (DL1P/DL1M) to any DMV customer service center.

| APPLICANT INFORMATION   |  |                                 |                     |
|---|--|---------------------------------|---------------------|
| FULL LEGAL NAME (last) (first) (middle) (suffix)                                |  |                                 | DMV CUSTOMER NUMBER |
| RESIDENCE ADDRESS <input type="checkbox"/> Check here if this is a new address. |  | CITY                            | STATE ZIP CODE      |
| CITY OR COUNTY OF RESIDENCE   |  | DAYTIME TELEPHONE NUMBER<br>( ) |                     |
| MAILING ADDRESS (if different from above)                                       |  | CITY                            | STATE ZIP CODE      |

| DRIVER'S LICENSE HISTORY  |              |                |                    |                         |
|---|--------------|----------------|--------------------|-------------------------|
| List all driver's licenses issued to you during the past ten years. |              |                |                    |                         |
|   | JURISDICTION | LICENSE NUMBER | LICENSE ISSUE DATE | LICENSE EXPIRATION DATE |
| 1.  |              |                |                    |                         |
| 2.  |              |                |                    |                         |
| 3.  |              |                |                    |                         |
| 4.  |              |                |                    |                         |
| 5.  |              |                |                    |                         |
| 6.  |              |                |                    |                         |
| 7.  |              |                |                    |                         |
| 8.  |              |                |                    |                         |
| 9.  |              |                |                    |                         |
| 10.   |              |                |                    |                         |

| SIGNATURE                                     |                       |
|---|-----------------------|
| APPLICANT'S NAME (last) (first) (mi) (suffix) | APPLICANT'S SIGNATURE |